

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1220**  
Registrar's No. **180**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Mary's**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Weeks**  
(Specify whether years, months or days) **83 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **321 South Liberty**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **13** day **Jan**  
year **1941** hour **6** minute **50 A.**

21. I hereby certify that I attended the deceased from  
**12-28**, 19**40** to **1-13**, 19**41**  
that I last saw **her** alive on **1-12**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**Generalized Emphysema**  
Due to **h**  
Due to **h**

Other conditions **h**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **h**

Of autopsy **no Autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **h**  
(b) Date of occurrence **h**  
(c) Where did injury occur? **h**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**h**

While at work? **h** (Specify type of place) (e) Means of injury **h**

23. Signature **Paul E. Stoopberg** (M. D. or other)  
Address **Angelo Bed 125** Date signed **1-13-41**

3. (a) PRINT FULL NAME **Mary E Lynch**

3. (b) If veteran, name war **h** 3. (c) Social Security No. **h**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Lynch** 6. (c) Age of husband or wife if alive **h** years

7. Birth date of deceased **May 23 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **24** If less than one day **h** hr. **h** min.

9. Birthplace **Independence** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **John Lynch**  
13. Birthplace **Ireland** (City, town, or county) **Galway** (State or foreign country)  
14. Maiden name **Sarah Brady**  
15. Birthplace **Ireland** (City, town, or county) **Clair** (State or foreign country)

16. (a) Informant **Charles Lynch**

(b) Address **321 South Liberty**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 15 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Ind. Mo.**

18. (a) Signature of funeral director **Paul E. Stoopberg**

(b) Address **310 N. 9th Independence Mo.**

19. (a) **Jan 13 1941** (Date received local Registrar) (b) **M. M. Brown** (Registrar's signature)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 646

P. O. Address 310 N. Main St. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**